

NORTH CAROLINA BREAST & CERVICAL CANCER CONTROL PROGRAM (NC BCCCP)
CERVICAL CANCER SCREENING POLICY
Effective January 2008

INTRODUCTION:

In 2005, 138 North Carolina women died of preventable cervical cancer.¹ The primary focus of cervical cancer screening is to identify and treat pre-cancerous cervical lesions and detect and treat cervical cancer at an early stage. The incidence of cervical cancer has decreased significantly in the years since World War II, in large part because of early detection efforts using the Pap test. When cervical cancer is detected early, the likelihood of survival is almost 100 percent with timely and appropriate diagnostic follow-up and treatment.

In early 2005, CDC convened a panel of cervical cancer experts in order to examine and weigh the scientific and programmatic evidence related to cervical cancer screening practices in the NBCCEDP. The panel recommended reimbursing for liquid-based cervical cytology (LBC) on a biennial basis for the following reasons:

- Patients accept the LBC because their experience is essentially identical to that of a conventional Pap test.
- Simplicity of "reflex" testing: Women whose cervical cytology shows ASC-US benefit from HPV DNA testing to guide the diagnostic process. This practice is known as reflex testing. Those providers who collected the original cytological specimen in a liquid medium can take a sample of that liquid to be tested for HPV DNA - i.e., the patient need not return to the clinic for another office visit for the collection of another specimen.
- Market penetration: An estimated 80% of providers use LBC for cervical cancer screening. Disallowing reimbursement of this procedure presents a significant barrier to access for women in the program.
- Cost: Although the per-test cost of LBC is greater than for conventional Pap testing, and it generates slightly increased downstream costs due to a high rate of false positive results, an overall saving is expected be realized as a result of the extension of screening interval to two years.

The new policy supports the findings of the studies that strongly recommend that:

- (1) Programs may reimburse for liquid-based cervical cytology (such as ThinPrep and SurePath) for primary cervical cancer screening at no more than the maximum allowable Medicare rate.
- (2) The screening interval when using liquid-based tests is every two years. Programs must develop a means of ensuring that reimbursement for the liquid-based test is not provided more frequently than every two years.
- (3) As with conventional Pap tests, when a woman has had three consecutive, normal cervical cancer screening tests documented with a 60-month period, the screening interval shall increase to once every three years. If a woman receives an abnormal screening test result at any time, policies for follow-up of abnormal Pap tests and reimbursement of diagnostic procedures should be followed.

Consistent with these recommendations, the cervical cancer screening policies for the NC BCCCP, effective January 2008, are as follows:

¹ State Center for Health Statistics, accessed January 2, 2008. 2005 Cancer Mortality Rates By Race. Web site: <http://www.schs.state.nc.us/SCHS/CCR/mort2005r.pdf>

ELIGIBLE WOMEN:

- Women between the ages of 18 and 64 years of age, with an intact cervix, are eligible to enroll in the NC BCCCP, provided their family income is at or below 250% of the current federal poverty level. Women between the ages of 40 and 64 may be screened using federal BCCCP dollars. Women between the ages of 18 and 39 may be screened using state BCCCP dollars.
- Women covered by Medicare-Part B and/or Medicaid are not eligible to enroll in the NC BCCCP. Women who are enrolled in and receiving services under Title X (Family Planning) are not eligible to have Pap tests reimbursed using NC BCCCP funds.
- Women between the ages of 18 and 39 are eligible to enroll in the NC BCCCP for diagnostic work-up of abnormal Pap results, provided their family income is at or below 250% of the current federal poverty level. Federal BCCCP dollars may be used to pay for the diagnostic workup.

NC BCCCP CERVICAL SCREENING SERVICES PRIORITIES:

- **Increase screening for eligible women never or rarely screened. Never or rarely screened is defined as women having no previous Pap test or who have not had a Pap test within five years.**
 - ☐ At least 20% of all NC BCCCP women newly enrolled for cervical cancer screening should meet the definition of never or rarely screened (Women who have not had a Pap test in the last 5 years).

The screening interval when using liquid-based test is every two years. Programs must develop a means of ensuring that reimbursement for the liquid-based test is not provided more frequently than every two years.
- **Decrease over-screening among women enrolled in the NC BCCCP.**
 - ☐ At least 75% of NC BCCCP women with three consecutive normal Pap tests within a five-year (60 months) period, as documented in the NC BCCCP data, will not receive a fourth biennial Pap test, and are transitioned to Pap testing performed only every three years.
 - ☐ Prior to obtaining these three consecutive Pap tests with normal results (Bethesda category 1) within a 60-month period, NC BCCCP funds may be used to reimburse for screening Pap tests of eligible women on an every-other-year biennial basis.
 - ☐ If a woman receives an abnormal screening result at any time in these cycles, current NC BCCCP policies and protocols related to the follow-up of abnormal Pap tests and reimbursement of covered diagnostic procedures are to be followed.
 - ☐ Once a woman has completed the recommended follow-up, she may again receive biennial Pap tests until three consecutive Pap tests within a five-year period are normal and documented in the NC BCCCP data.
 - ☐ High-risk women, as defined in the "Pap Screening Manual: A Guide for Health Departments and Providers" or those designated by a physician as needing more frequent Pap tests, should have documentation in the medical record supporting more frequent Pap testing.
 - ☐ NC BCCCP funds cannot be used to pay for cervical cancer screening in women who have had hysterectomies unless the hysterectomy was done for cervical cancer.

However, women who have had a **supracervical hysterectomy** are eligible for cervical cancer screening under the NC BCCCP.

- ❑ An initial pelvic exam may be paid for with NC BCCCP funds to determine if a woman has a cervix.
- ❑ An annual pelvic/rectal exam may be performed but NC BCCCP funds may not be used to pay for or perform the exam.
- ❑ NC BCCCP funds may not be used to pay for follow-up pelvic exams in the absence of a Pap test, colposcopy or biopsy.
- ❑ NC BCCCP funds may not be used to pay for any cervical diagnostic or treatment services not included on the NC BCCCP services fee schedule (e.g., LEEP, conization, etc.).
- ❑ NC BCCCP funds may not be used to reimburse for a repeat Pap test which is performed simultaneously with colposcopy or colposcopy with biopsy, unless more than four months have passed since the initial Pap test was performed.

REIMBURSEMENT FOR NEWER DIAGNOSTIC PROCEDURES:

- NC BCCCP funds may be used to reimburse for liquid-based Pap test procedures for eligible. The allowable rate is shown in the NC BCCCP Fee Schedule that is distributed annually to each screening contractor.
- NC BCCCP funds may be used to reimburse for high-risk Human Papilloma Virus (HPV) DNA tests on eligible women.